CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS \(\sum \) minus 20= 2 \(\sum \) NOEPENDENT CLAIMS \(\sum \) minus 3 = \(\sum \)	SMALL TYPE RATE BASIC F XS 9:	EE 385.00	┨╙┑	RATE	FEE 770.00
FOR NUMBER FRED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS	BASIC F	EE 385.00	┨╙┑	RATE	FEE
NOTAL CHARGEABLE CLAIMS \(\sum_{\text{minus}} 20= \cdot 25 \) NOEPENDENT CLAIMS \(\sum_{\text{minus}} 3 = \cdot \)	XS 9:	425	┨╙┑	BASIC FE	770.00
NDEPENDENT CLAIMS / minus 3 = 1			OB		
	. X43=			XS18=	†
TULTIPLE DEPENDENT CLAIM PRESENT		11	1	Yas	1
		143	HOR	-	
If the difference in column 1 is less than zero, enter "0" in column 2	+145		OR		ļ
	TOTAL	- 182	J OR		<u> </u>
(Column 1) (Column 2) (Column 3)	SMAL	LENTITY	OR	OTHER	
CLAIMS REMAINING AFTER AMENDMENT Total Independent CLAIMS REMAINING REMAI	RATE	ADDI- TIONAL FEE		RÄTE	ADDI- TIONAL FEE
Total - 47 Minus 45 = 2	X\$ 9=	50	OR	X\$18=	
Independent •	X43=	1.7	OR	X86=	
PRIST PRESERVATION OF MULTIPLE DEPENDENT CLAIM	+145=	17	OR	+290=	
	YOYA			TOTAL	
. (Column 1) (Column 2) (Column 3)	ADDIT. FEI			addit. Fee	ž
CLAIMS HIGHEST REMAINING NUMBER PRÈSENT AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AFTER AMENDMENT PREVIOUSLY PAID FOR, Total • HO Minus • H I I I I I I I I I I I I I I I I I I	X\$ 9=	1.	OR	X\$18¤	
Independent • 4 Minus ••• F	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		1		\overline{Z}	
, 10-31-05	+145= TOTAL		OR	+290= 101AL	
7/10/01: 00-0	ADDIT. FEE		OR.	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)	<u> </u>	ADDI-			4004
REMAINING NUMBER PRESENT PREVIOUSLY EXTRA AMENDMENT PAID FOR	RATE	TIONAL		PATE	ADDI- TIONAL
Total . 46 Mirus . 47 .	X\$ 9=		OR	X\$18-	
Independent - 4 Minus	X43=			X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		├	OR		
If the entry in column 1 is less than the nory in column 2, write "O" in column 3.	+145=		OR	→290°°	
If the "Tighest Number Proviously Pald For IN THOS SPACE is less than 20, error "20." If the Tighest Number Pr viously Pald F i' IN THOS SPACE is less than 3, enter "2."	ADDIT. FEE	لنسا	OR A	TOTAL LODIT, FEE	

FORM PTO-678 (Rev. 1003)

Application or Docket Number